



## Side Two

## Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☒ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☒ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) \_\_\_\_\_

## Total Facility Waste Amount

cubic feet ~~17,000~~ **C**gallons 127,000 **G**

## Total Facility Area

square feet 80,000 **S**

acres \_\_\_\_\_

Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space, give the estimated combined quantity (volume) of hazardous wastes at the site in cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

**G Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Processed wastes recycled

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

**H Sketch Map of Site Location: (Optional)**

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

**Description of Site: (Optional)**

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

**J Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name James Todd PLANT MANAGER  
 Street 1020 Olympic Drive  
 City Batavia State IL Zip Code 60510  
 Signature James Todd Date 5-11-81

- ☐ Owner, Present  
☐ Owner, Past  
☐ Transporter  
☐ Operator, Present  
☐ Operator, Past  
☐ Other

EPA ID# ILD 085 224 186SITE NAME OLYMPIC STAIN

NCRLING FACTOR \_\_\_\_\_ (&gt;15 PTS.=HIGH MITRE POTENTIAL)

WASTE TYPEWASTE QUANTITY(1 ton =  $\frac{1}{2}$  cu.yd.=13.5 cu.ft.=4 drums = 220 gals.)

PESTICIDES (5)  
HEAVY METALS (5)  
PCB's (5)  
→ { ORGANICS (4)  
SOLVENTS (4)  
INORGANICS (3)  
ACIDS (3)  
BASES (3)  
MIXED MUNI-WASTES (2)  
UNKNOWN (1)

TONS	CU.YDS.	CU. FT.	DRUMS	GALLONS	PTS.
>875	>437	>11,799	>3500	>192,500	(5)
875	437	11,799	3500	192,500	(5)
251	126	3,402	1001	55,055	(4) ✓
250	125	3,375	1000	55,000	
163	82	2,214	651	35,805	(3)
162	81	2,187	650	35,750	
76	38	1,026	301	16,555	(2)
75	37	999	300	16,500	
21	11	297	81	4,455	(1)
<20	<10	<270	<80	<4,400	(0)

FACILITY TYPEPOPULATION

PILES (5)  
DRUMS BELOW GROUND (4) 10,000 or more (5)  
DRUMS ABOVE GROUND (3) ✓ 3,000 - 9,999 (4) ✓  
SURFACE IMPOUNDMENTS (3) 1,000 - 2,999 (3)  
TANKS (3) 101 - 999 (2)  
LANDFILLS (2) 1 - 100 (1)  
LAND TREATMENT (2)  
UNDERGROUND INJECTION (1)

\_\_\_\_ NOT A HAZARDOUS WASTE SITE

\_\_\_\_ INFORMATION MISSING

COMMENTS: \_\_\_\_\_

REVIEWER: alc